

<b>CLAIMS ONLY</b>							SERIAL NO. <div style="font-family: cursive; font-size: 1.2em;">10040570</div>	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2		/					52	
3		/					53	
4	/						54	
5		/					55	
6		/					56	
7		/					57	
8	/						58	
9		/					59	
10	/						60	
11		/					61	
12		/					62	
13		/					63	
14	/						64	
15		/					65	
16	/						66	
17		/					67	
18	/						68	
19		/					69	
20	/						70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
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31							81	
32							82	
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35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	9	↓		↓		↓	TOTAL IND.	↓
TOTAL DEP.	11	←		←		←	TOTAL DEP.	←
TOTAL CLAIMS	20						TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS